

Ethylene Oxide (EtO) Commercial Sterilization  
CAA Section 114 Information Collection Request (ICR)

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EIS ID (auto-populated)	
OMB Control No. 2060-0733 Approval Expires 09/30/2024	

**Acknowledgment of CBI Handling**

Before certifying and submitting this questionnaire, please make sure that you have selected "Yes" in Cell N2 on all the worksheets where CBI data were entered, and shaded in red all cells with real CBI data in the CBI version of your response.

Refer to Section V in the Instructions Document when creating the non-CBI version of your response. Confirm that all cells that contained CBI before look the same as the Sample CBI Cell (Cell O2), and any attached CBI document is deleted from the "Documents" worksheet before saving the non-CBI version.

Please submit both the CBI and non-CBI version of your response to the EPA. The non-CBI version will be made available to the public.

☒ By checking this box, I acknowledge that I have read, understand, and agree to the instructions and procedure of handling CBI data and documents submitted within this response.

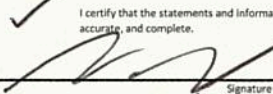
☐ (Check this box only if this is the non-CBI version of your response) By checking this box, I confirm that all CBI data and documents have been removed from this response.

**Certification by Reporter**

Complete the fields below for the person who completes the questionnaire and who is available for follow-up questions, if any, on the information provided in this questionnaire.

Name	NEIL MURPHY
Title	VP PRODUCTION + ENGINEERING
Organization	Lifenet Health
Email	Neil-Murphy@lifenehealth.org
Phone	757-609-4641
Fax	
General comments	

☒ I certify that the statements and information are to the best of my knowledge and belief true, accurate, and complete.

  
Signature  
12/3/21  
Date

**Certification by Facility Personnel**

Please complete the fields below for the facility personnel who certifies the information provided in this questionnaire (may be the owner or legal operator of the facility).

Name	BRENDON FAHL
Title	VICE PRESIDENT CORPORATE SUPPORT
Organization	LIFENET HEALTH
Email	Brendon-Fahl@lifenehealth.org
Phone	(757) 609-4252
Fax	
General comments	

☒ I certify that the statements and information are to the best of my knowledge and belief true, accurate, and complete.

  
Signature  
12/3/2021  
Date

**Certification by Professional Engineer**

Complete the fields below for the professional engineer (PE) who certifies the information provided in this questionnaire.

Name	
Title	
Organization	
Email	
Phone	
Fax	
General comments	

☐ I certify that the statements and information are to the best of my knowledge and belief true, accurate, and complete.

\_\_\_\_\_  
Signature  
  
\_\_\_\_\_  
Date

**Certification by Certified Industrial Hygienist**

Complete the fields below for the certified industrial hygienist (CIH) who certifies the information provided in this questionnaire.

Name	
Title	
Organization	
Email	
Phone	
Fax	
General comments	

☐ I certify that the statements and information are to the best of my knowledge and belief true, accurate, and complete.

\_\_\_\_\_  
Signature  
  
\_\_\_\_\_  
Date